



OLR RESEARCH REPORT

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PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS

By: Robin K. Cohen, Principal Analyst

You asked for a description of state programs that help children with special needs or disabilities.

The following is not an exhaustive list, nor does it address special education. A 2009 OLR Report ([2009-R-0039](#)) summarizes state and federal special education law.

SUMMARY

Five state agencies run the major programs for children with special needs or disabilities—the departments of Children and Families (DCF), developmental services (DDS), public health (DPH), rehabilitation services (DRS) and social services (DSS). The programs vary with respect to eligibility requirements, income limits, and the range of services they provide. Program participation often requires a referral from the department administering it, and many services are provided by private providers contracting with the state. Some are dependent on available federal and state appropriations and have waiting lists. By law, these services must be provided in the least restrictive, most appropriate setting.

DEPARTMENT OF CHILDREN AND FAMILIES

DCF is the state's lead agency for children's behavioral health services. Programs range from institutional care to identifying very young children with behavior problems and finding community-based services for them. The Behavioral Health Partnership (DHP) serves as the umbrella system for many of these services (see below). DCF continues to work towards reducing the number of children in out-of-home placements under its "rightsizing and redesign" initiative.

A [link](#) to the department's behavioral health webpage provides additional information about these services. Some are described below.

Institutional and Step-Down Care

For children requiring institutional care, DCF operates the Albert J. Solnit Children's Center, with campuses in East Windsor (North) and Middletown (South). (These sites formerly housed the Connecticut Children's Place and Riverview Hospital for Children and Youth, respectively.) The North program provides brief treatment, residential care, and educational instruction to children and youth ages 10-18. South is the only state-administered psychiatric hospital for children.

DCF supports step-down programs to ease children's re-entry to the community after an out-of-home stay. For example, extended day treatment is available to children who have returned from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance.

Community-Based Services—"Kid Care"

Through Connecticut Community KidCare, DCF provides funding for a broad array of clinical and other community-based mental health services, including child guidance clinics, extended day treatment, emergency mobile psychiatric services, the Individualized Community-Based Option (designed to keep youth in DCF care in the community when their mental health needs cannot be met in more traditional out-of-home care, such as a foster home, through therapeutically support living, crisis supports, and related services), respite, family advocacy, and intensive case management.

DCF's Voluntary Services program is for children and youth up to age 18 with serious emotional disturbances, mental illnesses, and substance dependence who need services to which they would otherwise not have access. The program emphasizes a community-based approach and attempts to coordinate services across multiple agencies.

DCF also runs the Early Childhood Consultation Partnership, a program designed to help prevent children from birth to age six from being suspended or expelled from early care and education settings due to challenging behaviors. The program promotes and facilitates the early identification of children in day care education settings with mental health needs.

The Child FIRST program, operating in some of the state's largest cities, provides comprehensive services and supports for children up to age six living in high-risk environments or who show the earliest signs of emotional, behavioral, or developmental problems. It also offers services to at-risk pregnant women and new mothers (e.g., help for post-partum depression).

Therapeutic Group Homes (TGH) and Foster Care, Children with Complex Medical Needs

DCF supports TGHs, which are community-based four- to six-bed programs located in a neighborhood setting with intensive staffing and clinical services offered 24 hours a day, seven days a week. They serve children and adolescents with complex behavioral health needs who need additional support and clinical intervention to succeed in either a family environment or an independent living situation. They are designed to serve as a step-down from inpatient care, or as a step-down from or an alternative to residential care.

Therapeutic foster care is a family-based treatment option for children aged three to 18 with social, emotional, and psychological issues that is intended to be a bridge to a permanent placement.

Additionally, DCF and appropriate medical personnel provide post-licensing training and certification to families who wish to provide foster care for children with complex medical needs.

DEPARTMENT OF DEVELOPMENTAL SERVICES

DDS runs several programs that may help families with children who have intellectual disabilities, autism, or both. Its family support workers provide late afternoon and weekend supports to families, including support to participate in community activities and assistance with life skills development. And respite services are available at one of the 11 respite centers DDS runs in local communities.

Birth-to-Three

DDS is the state's lead agency for the Birth-to-Three program, but families may get referrals from it to other state agency's programs, depending on the number and type of disabilities a child has.

The program is designed to strengthen families' capacities to meet the developmental and health-related needs of their infants and toddlers who have developmental delays or disabilities. Individualized Family Services Plans are developed for eligible families, with services starting within 45 days of the plan's completion. The plans are reviewed at least once every six months and rewritten at least annually.

The system's [website](#) contains information about each town's programming, as well as other resources families can access.

Individual and Family Grant

DDS provides cash subsidies from \$600 to \$1,000 per year for individual and family supports or to help defray extraordinary disability-related expenses. Some of the supports that may be purchased include respite, in-home supports, nursing, and support coordination. Families obtain these grants through their child's DDS case manager.

Medicaid Home- and Community-Based Services Waivers

DDS operates two Medicaid home- and community-based services waiver programs. These waivers offer help to clients with intellectual disabilities who are in need of comprehensive or a lesser degree of supports, depending on their behavioral or medical needs. According to DSS staff, only a very small (4%) portion of the waiver programs' participants are children between the ages of eight and 18.

For more information on these waivers, click onto this [link](#)

Voluntary Services

This program supports children and adolescents who are DDS clients and have emotional, behavioral, or mental health needs that result in the child's functional impairment and substantially interfere with or limit the child's functioning in the family or community activities.

DEPARTMENT OF PUBLIC HEALTH (DPH)

DPH publishes a guidebook for parents of children with special health care needs, as well as runs programs that provide direct services to the families.

“Directions” and “Get Creative About Respite”

DPH publishes two books for parents of children with special health care needs. The first, *Directions: Resources for Your Child's Care*, is a comprehensive guide that includes tips on health care, a glossary of terms parents will likely encounter, links to resources, and help for youth transitioning from children's to adult services. The second, *Get Creative About Respite*, describes respite opportunities available to parents and other caregivers. The books are available [here](#) and [here](#).

Children with Special Health Care Needs

This program is available to children living in families with incomes under 300% of the federal poverty level (FPL) with severe physical health care needs who do not qualify for state-subsidized health insurance (see DSS programs, below). It provides care coordination, advocacy, family support, and transition services to adult care, and is linked to DPH's Medical Home Initiative (see below).

If funds are available, families may also qualify for respite support (up to \$500 a year) and payment for certain durable medical equipment (such as wheelchairs), and other services and goods.

Medical Home Initiative

Children ages birth to age 21 who (1) have, or are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition and (2) require health and related services that exceed the needs of children in the general population, may qualify for DPH's medical home initiative. The program is intended to ensure that:

1. children have access to coordinated health care services,
2. providers are adequately trained,
3. financing issues are adequately addressed,
4. families play a pivotal role in how their children receive the services, and
5. children grow up healthy and ready to work.

In this model, a pediatric health care provider partners with children and youth and their families to ensure that all of the child or youth's medical and nonmedical needs are met. This ensures a coordinated system of care, since often the children and youth see multiple providers.

According to DPH's [website](#), United Way of Connecticut's Child Development Infoline is the central access point for medical home program information and applications.

DEPARTMENT OF REHABILITATION SERVICES

DRS is the newly created ([PAs 11-44](#) and [12-1](#), June Special Session) agency that subsumes the functions of the Board of Education and Services to the Blind, Commission on Deaf and Hearing Impaired, and DSS' Bureau of Rehabilitation Services. As such, it offers services to qualifying children with special needs.

Bureau of Education and Services for the Blind (BESB)

BESB works with infants and children at home, in special-needs programs, and at school. In addition to planning and participating in special education-related matters, its education consultants can help to:

1. conduct functional vision assessments,
2. arrange for low-vision, auditory, and other appropriate exams;
3. evaluate a child's progress and development;
4. teach parents and caregivers how to work with visually impaired children; and

5. work with community programs.

BESB's [website](#) contains additional information about its children's programs.

Commission on the Deaf and Hearing Impaired (CDHI) and American School for the Deaf

The commission's main function is to provide interpreter services to anyone in the state who needs them, including children. It also serves as an information clearinghouse for the state's deaf and hard of hearing, including information about the American School for the Deaf.

This school runs both a free early intervention program statewide (birth-to-three) and preschool program. The early intervention includes home visits, audiological management hearing aid care, and speech and language classes.

For more information about these services, click [here](#) to access CDHI's website.

DEPARTMENT OF SOCIAL SERVICES (DSS)

DSS offers supplemental medical assistance as well as limited cash subsidies to families with special needs children. And the department offers parents access to child care by paying providers a higher subsidy under its Care 4 Kids program.

HUSKY

Children with special health care needs enrolled in the HUSKY A program can access additional supports not otherwise available if these services are medically needy.

Children in higher income families for whom the state provides subsidies for their medical coverage (HUSKY B, Bands 1 and 2) can receive supplemental goods and services through the HUSKY Plus program.

The HUSKY Plus services include:

1. care coordination,
2. advocacy,

3. family support,
4. case management,
5. long-term rehabilitation (e.g., physical therapy twice a week, occupational therapy once a week),
6. medical and surgical supplies, and
7. durable medical equipment.

Families pay no additional co-pays or premiums for HUSKY Plus services.

The HUSKY Health [website](#) has additional information about the program.

Katie Beckett Medicaid Waiver

DSS also administers a Medicaid home- and community-based services waiver program (dubbed “Katie Beckett”) that enables children with severe disabilities who otherwise would have to be institutionalized to live at home with needed medical supports. DSS considers only the income and assets of the child.

The program’s capacity depends on the availability of state and federal funding. It currently is closed and has a long waiting list.

Money Follows the Person (MFP)

This program offers supports to help individuals who are institutionalized for a mental or physical disability transition to the community. At this juncture, a limited number of slots are available for children moving from institutional settings into the community.

Family Support Grants

DSS provides a \$250 monthly grant to help families pay the costs of caring for a child aged five to 18 with a developmental disability other than mental retardation. A family’s gross income may not exceed 140% of the previous year’s state median income; eligibility rules permit medical expenses to be deducted from gross income. The grant can be used for ongoing costs such as medical expenses, special equipment, medical transportation, and special clothing.

Like Katie Beckett, this program has a limited number of slots (25), all of which are presently filled. DSS currently maintains a waiting list of 40.

INTER-AGENCY PROGRAMMING

Behavioral Health Partnership

DCF partners with DSS, DMHAS, and a legislative oversight council, to run the Behavioral Health Partnership (BHP), the umbrella mental health system for children and adults. Children served by this program include all children eligible for HUSKY and DCF's Voluntary Services Program. BHP's goal is to provide access to complete, coordinated, and effective community-based behavioral health services and supports. The partnership maintains a contract with an administrative services organization (ASO), ValueOptions. More information on the BHP can be found [here](#).

OTHER RESOURCES

State of Connecticut Agency Prevention [Report](#), A Report to the Child Poverty and Prevention Council, November 2011

OLR Reports on children with special health care needs, [2007-R-0015](#) and [2007-R-0185](#)

OLR Report on programs for children with cerebral palsy, [2008-R-0438](#)

Disabilities resources website [directory](#)

Office of the Child Advocate, [Connecticut's Services for Children with Special Health Care Needs](#), May 2001

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